=> d cost

COST IN U.S. DOLLARS	SINCE FILE	TOTAL
	ENTRY	SESSION
CONNECT CHARGES	27.30	27.45
DISPLAY CHARGES	28.88	28.88
FULL ESTIMATED COST	56.18	56.33

IN FILE 'EMBASE, SCISEARCH, MEDLINE' AT 15:55:42 ON 27 SEP 2000

=> d his

(FILE 'HOME' ENTERED AT 15:33:55 ON 27 SEP 2000)

```
FILE 'EMBASE, SCISEARCH, MEDLINE' ENTERED AT 15:34:08 ON 27 SEP 2000
          2336 S ((HUMAN CHORIONIC GONADOTROPIN) OR HCG) AND ((PREGNAN? (3A)
L1 ·
              0 S B152 AND B207
L2
             0 S B207 AND B108 AND B109
L3
            512 S L1 AND ?ASSAY?
L4
           8972 S EARLY (P) ((PREGNAN? (3A) LOSS?) OR ABORT?)
L5
           234 S L5 AND L4
L6
            990 S CARBOHYDRATE (2A) MODIF?
L7
           142 S (NICK? OR (NON NICK?)) AND HCG
Г8
             0 S L6 AND L7
L9
             3 S L7 AND L8
L10
             4 S L6 AND L8
L11
             3 DUP REM L11 (1 DUPLICATE REMOVED)
L12
             1 DUP REM L10 (2 DUPLICATES REMOVED)
L13
             0 S L12 AND (B109 OR B108 OR B207 OR B152)
L14
             0 S L1 AND L7
L15
             9 S L1 AND L8
L16
             6 DUP REM L16 (3 DUPLICATES REMOVED)
L17
```

L12 ANSWER 1 OF 3 SCISEARCH COPYRIGHT 2000 ISI (R)

2000:350641 SCISEARCH ACCESSION NUMBER:

THE GENUINE ARTICLE: 310KD

TITLE:

Preparation and analysis of the common urinary forms of

human chorionic gonadotropin

AUTHOR:

Birken S (Reprint); Maydelman Y; Gawinowicz M A

CORPORATE SOURCE:

COLUMBIA UNIV COLL PHYS & SURG, DEPT MED, 630 W 168 ST,

NEW YORK, NY 10032 (Reprint)

COUNTRY OF AUTHOR:

SOURCE:

USA METHODS-A COMPANION TO METHODS IN ENZYMOLOGY, (MAY 2000)

Vol. 21, No. 1, pp. 3-14.

Publisher: ACADEMIC PRESS INC, 525 B ST, STE 1900, SAN

DIEGO, CA 92101-4495.

ISSN: 1046-2023. Article; Journal

DOCUMENT TYPE: FILE SEGMENT:

LIFE English

LANGUAGE:

43

REFERENCE COUNT:

ABSTRACT IS AVAILABLE IN THE ALL AND IALL FORMATS

Human chorionic gonadotropin (hCG AB

) is the hormone of pregnancy and forms the basis of all pregnancy tests as well as diagnostic assays for a variety of pathological states including certain types of cancers and some diseases of pregnancy and genetic abnormalities. In recent years, the discovery of the diagnostic utility of measurement of the free subunits and fragments of the hormone, especially in urine, has proven of special use for diagnosis of very early pregnancy loss, an important phenomenon related to infertility, as well as part of screening programs for Down Syndrome and gynecological cancers. This article summarizes

existing and new methods for the preparation of hCG, its

subunits, and the beta core fragment from urinary sources, The methods

for

SOURCE:

proper analyses of these materials are also described to enable investigators to prepare and analyze these materials in various quantities

in their own laboratories. (C) 2000 Academic Press.

L12 ANSWER 2 OF 3 EMBASE COPYRIGHT 2000 ELSEVIER SCI. B.V.DUPLICATE 1

1998153435 EMBASE ACCESSION NUMBER:

Diagnostic problems with variant forms of human

TITLE: chorionic gonadotropin.

Udoji W.C.; Victory D.F.; Cartwright P.S.; Bohler H.L. AUTHOR: Dr. W.C. Udoji, Department of Pathology, Metropolitan CORPORATE SOURCE:

Nashville Gen. Hospital, 1818 Albion St., Nashville, TN

37208, United States. Jgowen@nashville.org Laboratory Medicine, (1998) 29/4 (243-246).

Refs: 15

ISSN: 0007-5027 CODEN: LBMEBX

United States COUNTRY: Journal; Article

DOCUMENT TYPE: General Pathology and Pathological Anatomy 005 FILE SEGMENT:

Obstetrics and Gynecology 010

English LANGUAGE: English SUMMARY LANGUAGE:

Serum and urine levels of human chorionic

gonadotropin (hCG) were measured in four women who

sustained fetal loss in early pregnancy.

Intact hCG was detectable in the urine when the quantitative serum level of .beta.-hcg (total .beta.) was less then 5 mIU/mL

(5 U/L). Paired serum and urine samples subsequently were analyzed for total and intact $\ensuremath{\text{hCG}}$ using research methods. The results suggested that the discrepancies were due to the presence of large quantities of nicked hCG in the serum and to differences in its recognition by various immunoassays. Laboratorians need to recognize the existence of variant forms of hcg and differences in their recognition by different immunoassays.

L12 ANSWER 3 OF 3 SCISEARCH COPYRIGHT 2000 ISI (R)

1998:98274 SCISEARCH ACCESSION NUMBER:

THE GENUINE ARTICLE: YT139

Urine beta-core fragment, a potential screening test for TITLE:

ectopic pregnancy and spontaneous abortion

Cole L A (Reprint); Isozaki T; Jones E E AUTHOR:

YALE UNIV, SCH MED, DEPT OBSTET & GYNECOL, 333 CEDAR ST, CORPORATE SOURCE:

NEW HAVEN, CT 06477 (Reprint)

COUNTRY OF AUTHOR: USA

SOURCE:

FETAL DIAGNOSIS AND THERAPY, (NOV-DEC 1997) Vol. 12, No.

6, pp. 336-339.

Publisher: KARGER, ALLSCHWILERSTRASSE 10, CH-4009 BASEL,

SWITZERLAND. ISSN: 1015-3837. Article; Journal

DOCUMENT TYPE:

FILE SEGMENT: CLIN English LANGUAGE:

REFERENCE COUNT: 23

ABSTRACT IS AVAILABLE IN THE ALL AND IALL FORMATS

The incidence of ectopic pregnancy in the United States has risen AB 6-fold in the last three decades. It now accounts for about 2% of reported

pregnancies. Tests are now needed to identify ectopic pregnancy before it is clinically evident. We evaluated human chorionic gonadotropin beta-core fragment as a test to predict ectopic pregnancy and spontaneous abortion.

Urine samples were collected from women with in vitro fertilized pregnancies, 2 1/2-5 weeks after embryo transfer. Fifty samples were collected from those later shown to have normal intrauterine pregnancies, samples from 13 women subsequently found (at 5-9.3 weeks) to have ectopic gestations, and 15 from those with impending spontaneous abortion . beta-Core fragment levels were determined by immunoassay, and results normalized to creatinine concentration. Median beta-core fragment levels at 2 1/2-3, 3-4, and 4-5 weeks after embryo transfer, were 6.7, 91 and 737 mu g/g for unaffected pregnancies, 1.0, $\overline{5}.9$ and 0.6 mu g/g for impending ectopic pregnancies (0.15, 0.065 and 0.0008, multiples of the unaffected pregnancy median, MoM), and 0.75, 6.8 and 12 mu g/g for impending spontaneous abortions (0.11, 0.07 and 0.016 MoM). A gestation-linked curve was modeled to discriminate unaffected pregnancy from impending ectopic gestation or spontaneous abortion. Plotted beta-core fragment levels were below this curve in 12 of 13 (92%) women with impending ectopic pregnancy, in 10 of 15 (67%) with

spontaneous abortion outcome, and in 2 of 50 (4%) with intrauterine pregnancy and term outcome.

Measurement of urine beta-core fragment at 2 1/2-5 weeks after embryo transfer (4 1/2-7 weeks after last menstrual period) might be useful for identifying failing pregnancies. Over three quarters (predictive value positive 76%) of those with low beta-core fragment levels have ectopic pregnancy or spontaneous abortion. On the contrary, 95% (predictive value negative) of those with normal range test values may be predicted to have a nonfailing term pregnancy. Diagnosis of ectopic pregnancy could be confirmed by transvaginal ultrasound, and ectopic pregnancy terminated early by nonsurgical methods, with minimal mortality or fertility loss. Major fetal defects that cause spontaneous abort pregnancies may also be recognized by transvaginal ultrasound. In such cases, chorionic villous sampling or possibly

termination may be considered.

```
L12 ANSWER 1 OF 3 SCISEARCH COPYRIGHT 2000 ISI (R)
     Preparation and analysis of the common urinary forms of human
     chorionic gonadotropin
       Human chorionic gonadotropin (hCG
AB
     ) is the hormone of pregnancy and forms the basis of all pregnancy tests
     as well as diagnostic assays for a variety of pathological
     states including certain types of cancers and some diseases of pregnancy
     and genetic abnormalities. In. . . the free subunits and fragments of
     the hormone, especially in urine, has proven of special use for diagnosis
     of very early pregnancy loss, an important
     phenomenon related to infertility, as well as part of screening programs
     for Down Syndrome and gynecological cancers. This article summarizes
     existing and new methods for the preparation of hCG, its
     subunits, and the beta core fragment from urinary sources, The methods
for
     proper analyses of these materials are also.
     KeyWords Plus (R): BETA-CORE FRAGMENT; FREE ALPHA-SUBUNIT; HUMAN
STP
     CHORIOGONADOTROPIN; PREGNANCY URINE; HCG; SERUM; HETEROGENEITY;
     PROTEIN; NICKING; MARKER
L12 ANSWER 2 OF 3 EMBASE COPYRIGHT 2000 ELSEVIER SCI. B.V. DUPLICATE 1
     Diagnostic problems with variant forms of human
     chorionic gonadotropin.
     Serum and urine levels of human chorionic
AB
     gonadotropin (hCG) were measured in four women who
     sustained fetal loss in early pregnancy.
     Intact hcg was detectable in the urine when the quantitative
     serum level of .beta.-hcg (total .beta.) was less then 5 mIU/mL
     (5 U/L). Paired serum and urine samples subsequently were analyzed for
     total and intact hcg using research methods. The results
     suggested that the discrepancies were due to the presence of large
     quantities of nicked hCG in the serum and to
     differences in its recognition by various immunoassays.
     Laboratorians need to recognize the existence of variant forms of
     hCG and differences in their recognition by different
     immunoassays.
     Medical Descriptors:
CT
     *fetus wastage: DI, diagnosis
     urine level
     blood level
     immunoassay
     abdominal pain
     vagina bleeding
     human
     female
     case report
     adult
     article
     *chorionic gonadotropin: EC, endogenous compound
     (1) Tosoh AIA-600; (2) Icon II HCG
NP
     ANSWER 3 OF 3 SCISEARCH COPYRIGHT 2000 ISI (R)
     Urine beta-core fragment, a potential screening test for ectopic
pregnancy
     and spontaneous abortion
        . . . about 2% of reported pregnancies. Tests are now needed to
AB
     identify ectopic pregnancy before it is clinically evident. We evaluated
```

human chorionic gonadotropin beta-core

fragment as a test to predict ectopic pregnancy and spontaneous abortion.

Urine samples were collected from women with in vitro fertilized pregnancies, 2 1/2-5 weeks after embryo transfer. Fifty samples were. . . samples from 13 women subsequently found (at 5-9.3 weeks) to have ectopic gestations, and 15 from those with impending spontaneous abortion. beta-Core fragment levels were determined by immunoassay, and results normalized to creatinine concentration. Median beta-core fragment levels at 2 1/2-3, 3-4, and 4-5 weeks after embryo transfer, . . 0.065 and 0.0008, multiples of the unaffected pregnancy median, MoM), and 0.75, 6.8 and 12 mu g/g for impending spontaneous abortions (0.11, 0.07 and 0.016 MoM). A gestation-linked curve was modeled to discriminate unaffected pregnancy from impending ectopic gestation or spontaneous abortion. Plotted beta-core fragment levels were below this curve in 12 of 13 (92%) women with impending ectopic pregnancy, in 10 of 15 (67%) with spontaneous

abortion outcome, and in 2 of 50 (4%) with intrauterine pregnancy and term outcome.

Measurement of urine beta-core fragment at 2. . . pregnancies. Over three quarters (predictive value positive 76%) of those with low beta-core

fragment levels have ectopic pregnancy or spontaneous abortion. On the contrary, 95% (predictive value negative) of those with normal range test values may be predicted to have a nonfailing term pregnancy. Diagnosis of ectopic pregnancy could be confirmed by transvaginal ultrasound, and ectopic pregnancy terminated early by nonsurgical methods, with minimal mortality or fertility loss. Major

defects that cause spontaneous **abort** pregnancies may also be recognized by transvaginal ultrasound. In such cases, chorionic villous sampling or possibly termination may be considered.

Author Keywords: ectopic pregnancy; extrauterine; spontaneous abortion; core fragment; beta-core; screening; hCG; human chorionic gonadotropin; transvaginal ultrasound

STP KeyWords Plus (R): SALPINGOSTOMY; NICKING; HCG

L13 ANSWER 1 OF 1 EMBASE COPYRIGHT 2000 ELSEVIER SCI. B.V.DUPLICATE 1

95063691 EMBASE ACCESSION NUMBER:

1995063691 DOCUMENT NUMBER:

The role of glycosylation in regulating the glycoprotein TITLE:

hormone free .alpha. - subunit and free .beta. - subunit combination in the extraembryonic coelomic fluid of early

pregnancy.

Blithe D.L.; Iles R.K. AUTHOR:

NICHHD, National Institutes of Health, Building CORPORATE SOURCE:

10, Bethesda, MD 20892, United States Endocrinology, (1995) 136/3 (903-910).

SOURCE: ISSN: 0013-7227 CODEN: ENDOAO

United States

COUNTRY: Journal; Article DOCUMENT TYPE:

Endocrinology 003 FILE SEGMENT:

English LANGUAGE: English SUMMARY LANGUAGE:

The extraembryonic coelomic fluid (EECF) represents a major compartment AB

in

the fetal-placental unit during the first trimester of pregnancy. The compartment is composed of the fluid contained between the chorionic and amniotic membranes. The levels of glycoprotein hormone free .alpha.-subunit and free .beta.-subunit in the EECF far exceed those in the amniotic fluid or maternal serum. Furthermore, the level of free a in this compartment is twice that of intact hCG. We purified the glycoprotein hormone free .alpha.-subunit from a pool of EECF. This free .alpha.-subunit was found to be larger in size than the .alpha.-subunit

of

intact hCG. The size difference was observed by sodium dodecyl sulfate-polyacrylamide gel electrophoresis under reduced and denatured conditions. The carbohydrate composition of the EECF free .alpha.-subunit indicated a higher degree of oligosaccharide branching, as evidenced by larger amounts of fucose, sialic acid, galactose, and N-acetylglucosamine than were present on combined hcg.alpha.. These differences in size and carbohydrate composition argue strongly against the concept that free .alpha. - subunits might originate from dissociation of intact hCG or 'nicked' hCG. The free subunits of the EECF were evaluated for their ability to combine with the corresponding subunit obtained by dissociation of intact hcg. EECF free .beta. was able to combine with hcg.alpha. to form intact hcg . In contrast, EECF free .alpha. was unable to combine with hCG .beta. to form intact hcg. However, after removal of the asparagine-linked glycans by treatment with N-glycanase, most of the previously uncombinable free .alpha.-subunits were able to combine with hCG.beta.. These data demonstrate that the N-linked oligosaccharide(s) of EECF free a function to prevent the molecule from combining with the available and combinable free .beta.-subunits that coexist in the same physiological compartment during early pregnancy. In view of the large amount of free .alpha. that is present in the EECF and the observation that, in vitro, free .alpha. can stimulate uterine decidual cell PRL secretion, together with the close apposition of free .alpha.-producing cells to decidual cells, it is likely that EECF free a has a function in early pregnancy. Carbohydrate modifications generated during the biosynthesis of EECF free .alpha.-subunit ensure that a population of free .alpha. molecules can exist in the presence of substantial quantities of free .beta.-subunits,

and correspondingly, these same carbohydrate modifications function to permit the existence of free .beta.-subunits in the same gestational compartment with free .alpha. molecules. Whether there is a function for free .beta.-subunits in early pregnancy remains to be demonstrated. . . the amniotic fluid or maternal serum. Furthermore, the level of AΒ free a in this compartment is twice that of intact hCG. We purified the glycoprotein hormone free .alpha.-subunit from a pool of EECF. This free .alpha.-subunit was found to be larger in size than the .alpha.-subunit of intact hCG. The size difference was observed by sodium dodecyl sulfate-polyacrylamide gel electrophoresis under reduced and denatured conditions. The carbohydrate composition of. . . of oligosaccharide branching, as evidenced by larger amounts of fucose, sialic acid, galactose, and N-acetylglucosamine than were present on combined hCG.alpha.. These differences in size and carbohydrate composition argue strongly against the concept that free .alpha.subunits might originate from dissociation of intact hCG or ' nicked' hCG. The free subunits of the EECF were evaluated for their ability to combine with the corresponding subunit obtained by dissociation of intact hcg. EECF free .beta. was

able to combine with hcg.alpha. to form intact hcg. In contrast, EECF free .alpha. was unable to combine with hCG.beta. to form intact hcg. However, after removal of the asparagine-linked glycans by treatment with N-glycanase, most of the previously uncombinable free .alpha.-subunits were able to combine with hCG.beta.. These data demonstrate that the N-linked oligosaccharide(s) of EECF free a function to prevent the molecule from combining with the. . . of free .alpha.-producing cells to decidual cells, it is likely that EECF free a has a function in early pregnancy. Carbohydrate modifications generated during the biosynthesis of EECF free .alpha.-subunit ensure that a population of

free

.alpha. molecules can exist in the presence of substantial quantities of free .beta.-subunits, and correspondingly, these same carbohydrate modifications function to permit the existence of free .beta.-subunits in the same gestational compartment with free .alpha. molecules. Whether there is.

L17 ANSWER 2 OF 6 MEDLINE

1999113037 MEDLINE ACCESSION NUMBER:

DOCUMENT NUMBER:

99113037

TITLE:

Evaluation of nicked human

chorionic gonadotropin content in

clinical specimens by a specific immunometric assay. Kovalevskaya G; Birken S; Kakuma T; Schlatterer J; AUTHOR:

O'Connor

J F

CORPORATE SOURCE:

Irving Center for Clinical Research, Columbia College of

Physicians and Surgeons, New York, NY 10032, USA..

gk49@columbia.edu

CONTRACT NUMBER:

ESO7589 (NCRR) M01-RR00645 (NICHD)

HD15454

SOURCE:

CLINICAL CHEMISTRY, (1999 Jan) 45 (1) 68-77.

Journal code: DBZ. ISSN: 0009-9147.

PUB. COUNTRY:

United States

Journal; Article; (JOURNAL ARTICLE)

LANGUAGE:

English

FILE SEGMENT:

Priority Journals; Cancer Journals

ENTRY MONTH:

199903

ENTRY WEEK:

19990305 We report the development and characterization of an IRMA for the direct

measurement of nicked human chorionic gonadotropin (hCGn) in blood and urine. hCGn derived from a reference preparation of hCG used as an immunogen elicits monoclonal antibodies (mAbs) with enhanced recognition of human luteinizing hormone epitopes. The most specific assay for pregnancy hCGn is an IRMA composed of one mAb to choriocarcinoma-derived hCGn (C5) and a second mAb developed from immunization with normal-pregnancy hCGn. This assay was used to evaluate hCGn profiles in normal, in vitro fertilization, Down syndrome, and ectopic pregnancies. In all

pregnancies, hCGn was usually present in much lower concentrations than the non -nicked hCG isoform. Our results suggest that some form of physical separation from the overwhelming quantities of non-nicked hcg present in clinical specimens will be required before accurate immunochemical estimations of hCGn can

be

made.

Evaluation of nicked human chorionic ΤI

gonadotropin content in clinical specimens by a specific immunometric assay.

We report the development and characterization of an IRMA for the direct AΒ measurement of nicked human chorionic

gonadotropin (hCGn) in blood and urine. hCGn derived from a reference preparation of hCG used as an immunogen elicits monoclonal antibodies (mAbs) with enhanced recognition of human luteinizing hormone epitopes. The most specific assay. fertilization, Down syndrome, and ectopic pregnancies. In all

pregnancies,

hCGn was usually present in much lower concentrations than the non -nicked hCG isoform. Our results suggest that some form of physical separation from the overwhelming quantities of non-nicked hCG present in clinical specimens will be required before accurate immunochemical estimations of hCGn can

be

made.

Check Tags: Animal; Female; Human; Support, U.S. Gov't, P.H.S. · CT

Abortion, Spontaneous: UR, urine Antibodies, Monoclonal: IM, immunology

Antibody Specificity
Biological Markers: BL, blood
Biological Markers: UR, urine Choriocarcinoma: BL, . . .

L17 ANSWER 4 OF 6 EMBASE COPYRIGHT 2000 ELSEVIER SCI. B.V.DUPLICATE 2

ACCESSION NUMBER: 1998015299 EMBASE

TITLE: Immunoassay of human chorionic

gonadotropin, its free subunits, and metabolites.

AUTHOR: Cole L.A.

CORPORATE SOURCE: L.A. Cole, hCG Reference Laboratory, Department of

Obstetrics/Gynecology, Yale University School of Medicine, New Haven, CT 06520, United States. laurence.cole@yale.edu

SOURCE: Clinical Chemistry, (1997) 43/12 (2233-2243).

Refs: 41

ISSN: 0009-9147 CODEN: CLCHAU

COUNTRY: United States

DOCUMENT TYPE: Journal; General Review

FILE SEGMENT: 010 Obstetrics and Gynecology 029 Clinical Biochemistry

LANGUAGE: English
SUMMARY LANGUAGE: English

AB Multiple hcg-related molecules are present in pregnancy serum

and urine samples. These include non-nicked hcg (the hormone), nicked hcg, hyper- and hypoglycosylated hcg, hcg missing the C-terminal

extension, free .alpha.-subunit, large free .alpha.-subunit, free .beta.-subunit, nicked free .beta.-subunit, and .beta.-core fragment. Over 100 immunoassays are sold for quantifying hCG

-related molecules in serum or urine. Each measures nonnicked hCG and one of seven combinations of the other hCG-related molecules. This is the source of interassay

discordance in hCG determinations. Whereas minor variations are noted in different kit results in normal pregnancy samples (more than twofold variation), much larger variations may be found in two

immunoassay

results in irregular gestations (spontaneous abortion, aneuploidy, preeclampsia, cancers, and trophoblast disease). Care is needed in choosing an immunoassay. What the assay measures may be more important than its cost or speed. This article reviews the structure of hCG and related molecules. It examines the stability and degradation of hCG, and recognition of hCG-related molecules by different types of immunoassay. Also reviewed are new assays for specifically detecting these other hCG-related molecules.

TI Immunoassay of human chorionic gonadotropin, its free subunits, and metabolites.

AB Multiple hcg-related molecules are present in pregnancy serum

and urine samples. These include non-nicked hCG (the hormone), nicked hCG, hyper- and

hypoglycosylated hcg, hcg missing the C-terminal

extension, free .alpha.-subunit, large free .alpha.-subunit, free

.beta.-subunit, nicked free .beta.-subunit, and .beta.-core fragment. Over 100 immunoassays are sold for quantifying hCG

-related molecules in serum or urine. Each measures non-

nicked hCG and one of seven combinations of the other hCG-related molecules. This is the source of interassay

discordance in hCG determinations. Whereas minor variations are

noted in different kit results in normal pregnancy samples (more than twofold variation), much larger variations may be found in two

immunoassay

results in irregular gestations (spontaneous **abortion**, aneuploidy, preeclampsia, cancers, and trophoblast disease). Care is needed in choosing an immunoassay. What the assay measures may be more important than its cost or speed. This article reviews the structure of

hcg and related molecules. It examines the stability and
degradation of hcg, and recognition of hcg-related
molecules by different types of immunoassay. Also reviewed are new assays
for specifically detecting these other hcg-related molecules.
Medical Descriptors:

Medical Descriptors:

*hormone determination

*pregnancy complication
immunoassay
beta chain
carboxy terminal sequence
alpha chain
clinical feature

spontaneous abortion
aneuploidy
preeclampsia
uterus cancer
ovary cancer
trophoblastic disease
review

CT

L17 ANSWER 5 OF 6 SCISEARCH COPYRIGHT 2000 ISI (R)

1998:98274 SCISEARCH ACCESSION NUMBER:

THE GENUINE ARTICLE: YT139

Urine beta-core fragment, a potential screening test for TITLE:

ectopic pregnancy and spontaneous abortion

Cole L A (Reprint); Isozaki T; Jones E E AUTHOR:

YALE UNIV, SCH MED, DEPT OBSTET & GYNECOL, 333 CEDAR ST, CORPORATE SOURCE:

NEW HAVEN, CT 06477 (Reprint)

COUNTRY OF AUTHOR: USA

SOURCE:

FETAL DIAGNOSIS AND THERAPY, (NOV-DEC 1997) Vol. 12, No.

6, pp. 336-339.

Publisher: KARGER, ALLSCHWILERSTRASSE 10, CH-4009 BASEL,

SWITZERLAND. ISSN: 1015-3837.

DOCUMENT TYPE:

Article; Journal

FILE SEGMENT: LANGUAGE:

CLIN English

REFERENCE COUNT:

23

ABSTRACT IS AVAILABLE IN THE ALL AND IALL FORMATS

The incidence of ectopic pregnancy in the United States has risen 6-fold in the last three decades. It now accounts for about 2% of reported

pregnancies. Tests are now needed to identify ectopic pregnancy before it is clinically evident. We evaluated human chorionic

gonadotropin beta-core fragment as a test to predict ectopic pregnancy and spontaneous abortion.

Urine samples were collected from women with in vitro fertilized pregnancies, 2 1/2-5 weeks after embryo transfer. Fifty samples were collected from those later shown to have normal intrauterine pregnancies, samples from 13 women subsequently found (at 5-9.3 weeks) to have ectopic gestations, and 15 from those with impending spontaneous abortion . beta-Core fragment levels were determined by immunoassay, and results normalized to creatinine concentration. Median beta-core fragment levels at 2 1/2-3, 3-4, and 4-5 weeks after embryo transfer, were 6.7, 91 and

737

mu g/g for unaffected pregnancies, 1.0, 5.9 and 0.6 mu g/g for impending ectopic pregnancies (0.15, 0.065 and 0.0008, multiples of the unaffected pregnancy median, MoM), and 0.75, 6.8 and 12 mu g/g for impending spontaneous abortions (0.11, 0.07 and 0.016 MoM). A gestation-linked curve was modeled to discriminate unaffected pregnancy from impending ectopic gestation or spontaneous abortion. Plotted beta-core fragment levels were below this curve in 12 of 13 (92%) women with impending ectopic pregnancy, in 10 of 15 (67%) with

spontaneous abortion outcome, and in 2 of 50 (4%) with intrauterine pregnancy and term outcome.

Measurement of urine beta-core fragment at 2 1/2-5 weeks after embryo transfer (4 1/2-7 weeks after last menstrual period) might be useful for identifying failing pregnancies. Over three quarters (predictive value positive 76%) of those with low beta-core fragment levels have ectopic pregnancy or spontaneous abortion. On the contrary, 95% (predictive value negative) of those with normal range test values may be predicted to have a nonfailing term pregnancy. Diagnosis of ectopic pregnancy could be confirmed by transvaginal ultrasound, and ectopic pregnancy terminated early by nonsurgical methods, with minimal mortality or fertility loss. Major fetal defects that cause spontaneous abort pregnancies may also be recognized by transvaginal ultrasound. In such cases, chorionic villous sampling or possibly termination may be considered.

Urine beta-core fragment, a potential screening test for ectopic

and spontaneous abortion

AΒ

. . . about 2% of reported pregnancies. Tests are now needed to identify ectopic pregnancy before it is clinically evident. We evaluated human chorionic gonadotropin beta-core fragment as a test to predict ectopic pregnancy and spontaneous

abortion. Urine samples were collected from women with in vitro fertilized pregnancies, 2 1/2-5 weeks after embryo transfer. Fifty samples were. . samples from 13 women subsequently found (at 5-9.3 weeks) to have ectopic gestations, and 15 from those with impending spontaneous abortion. beta-Core fragment levels were determined by immunoassay, and results normalized to creatinine concentration. Median beta-core fragment levels at 2 1/2-3,. . . 0.065 and 0.0008, multiples of the unaffected pregnancy median, MoM), and 0.75, 6.8 and 12 mu g/g for impending spontaneous abortions (0.11, 0.07 and 0.016 MoM). A gestation-linked curve was modeled to discriminate unaffected pregnancy from impending ectopic gestation or spontaneous abortion. Plotted beta-core fragment levels were below this curve in 12 of 13 (92%) women with impending ectopic pregnancy, in 10 of 15 (67%) with spontaneous

abortion outcome, and in 2 of 50 (4%) with intrauterine pregnancy and term outcome.

Measurement of urine beta-core fragment at 2. . . pregnancies. Over three quarters (predictive value positive 76%) of those with low beta-core

fragment levels have ectopic pregnancy or spontaneous abortion. On the contrary, 95% (predictive value negative) of those with normal range test values may be predicted to have a. . . and ectopic pregnancy

terminated early by nonsurgical methods, with minimal mortality or fertility loss. Major fetal defects that cause spontaneous abort pregnancies may also be recognized by transvaginal ultrasound. In such cases, chorionic villous sampling or possibly termination may be considered.

Author Keywords: ectopic pregnancy; extrauterine; spontaneous ST abortion; core fragment; beta-core; screening; hCG; human chorionic gonadotropin; transvaginal ultrasound

STP KeyWords Plus (R): SALPINGOSTOMY; NICKING; HCG

L17 ANSWER 6 OF 6 EMBASE COPYRIGHT 2000 ELSEVIER SCI. B.V. 94008358 EMBASE ACCESSION NUMBER: 1994008358 DOCUMENT NUMBER: Human chorionic gonadotropin: TITLE: Molecular forms, detection, and clinical implications. Bidart J.-M.; Bellet D. AUTHOR: Department of Molecular Immunology, Institut CORPORATE SOURCE: Gustave-Roussy, URA CNRS 1484,75006 Paris, France Trends in Endocrinology and Metabolism, (1993) 4/9 SOURCE: (285-291).ISSN: 1043-2760 CODEN: TENME4 United States COUNTRY: Journal; General Review DOCUMENT TYPE: Endocrinology 003 FILE SEGMENT: General Pathology and Pathological Anatomy 005 Obstetrics and Gynecology 010 016 Cancer Clinical Biochemistry 029 English LANGUAGE: SUMMARY LANGUAGE: English Different molecular forms of human chorionic gonadotropin (hCG) have been identified in biologic fluids of patients with various physiopathologic processes. These materials include (a) the intact heterodimer hcg comprising two mature .alpha. and .beta. subunits, and (b) the uncombined or free forms of the .alpha. (hCG.alpha.) and .beta. subunit (hCG .beta.), and several fragments of hcg such as the nicked forms of both hcg and free hcg.beta. and its ending degradation product, the .beta.-core fragment or hcg.beta.cf. The determination of hCG and related molecules in biologic fluids is usually achieved by immunologic procedures, but discrepancies among kits remain a problem in clinical practice. Specific measurements of hCG and of, independently, its free .beta. subunit are important in the diagnosis and follow-up of either trophoblastic diseases or testicular cancers, whereas only the free hCG.beta. has to be assayed for detection in nongonadal and nonplacental tumors. Human chorionic gonadotropin: Molecular TI forms, detection, and clinical implications. Different molecular forms of human chorionic AB gonadotropin (hCG) have been identified in biologic fluids of patients with various physiopathologic processes. These materials include (a) the intact heterodimer hcc comprising two mature .alpha. and .beta. subunits, and (b) the uncombined or free forms of the .alpha. (hCG.alpha.) and .beta. subunit (hCG .beta.), and several fragments of hCG such as the nicked forms of both hcg and free hcg.beta. and its ending degradation product, the .beta.-core fragment or hcg.beta.cf. The determination of hcc and related molecules in biologic fluids is usually achieved by immunologic procedures, but discrepancies among kits remain a problem in clinical practice. Specific measurements of hCG and of, independently, its free .beta. subunit are important in the diagnosis and follow-up of either trophoblastic diseases or testicular cancers, whereas only the free hcg.beta. has to be assayed for detection in nongonadal and nonplacental tumors.

Medical Descriptors:

*body .

. . DI, diagnosis

chromosome disorder: DI, diagnosis

ectopic pregnancy: DI, diagnosis

hormone blood level hormone urine level

human

hydatidiform mole: DI, diagnosis

hypophysis

hypophysis tumor: DI, diagnosis

placenta pregnancy ${\tt priority}^{^{-}}{\tt journal}$

review

seminoma: DI, diagnosis

spontaneous abortion: DI, diagnosis

testis cancer: DI, diagnosis

trophoblastic disease: DI, diagnosis

*chorionic gonadotropin alpha subunit: EC, endogenous compound

*chorionic gonadotropin beta subunit: EC, . . .